

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">017295</div>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51		22			
2	/						52		22			
3	/						53		22			
4	/						54		22			
5	/						55		22			
6	/						56		22			
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33							83					
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35	/						85					
36	/						86					
37	/						87					
38	/						88					
39	/						89					
40	/						90					
41	/						91					
42	/						92					
43	/						93					
44	/						94					
45	/						95					
46	/						96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.	19				
TOTAL DEP.							TOTAL DEP.	73				
TOTAL CLAIMS							TOTAL CLAIMS	92				